

DS

Set	Items	Description
S1	1556	INTERNET AND ADJUDICATION
S2	1037	S1 AND CLAIM?
S3	486	S2 AND INSURANCE AND HEALTH
S4	46	S3 AND AUTO (W) ADJUDICATION
S5	5	S4 NOT PY=>1999
?		

A handwritten signature, "DRCOG", is enclosed within a hand-drawn oval. The signature is written in a cursive, slightly slanted style.

t s5/free/1-5

>>>"FREE" is not a valid format name in file(s): 790-792

5/8/1 (Item 1 from file: 16)
04969920 Supplier Number: 47301846 (USE FORMAT 7 FOR FULLTEXT)
Health Care Financing Administration awards VIPs National Medicare Claims Processing System contract.
April 16, 1997
Word Count: 500

5/8/2 (Item 1 from file: 148)
DIALOG(R)File 148:(c)2001 The Gale Group. All rts. reserv.
11588673 SUPPLIER NUMBER: 55804670 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Managed care: a work in progress. (Long Island, New York)
Oct 20, 1997
WORD COUNT: 2451 LINE COUNT: 00216

INDUSTRY CODES/NAMES: BUSN Any type of business; REG Business,
Regional
DESCRIPTORS: Managed care plans (Medical care)--New York (State); Health
insurance industry--New York (State); Long Island--Services
PRODUCT/INDUSTRY NAMES: 6322000 (Health Insurance)
SIC CODES: 6324 Hospital and medical service plans
NAICS CODES: 524114 Direct Health and Medical Insurance Carriers
FILE SEGMENT: TI File 148

5/8/3 (Item 2 from file: 148)
DIALOG(R)File 148:(c)2001 The Gale Group. All rts. reserv.
09430793 SUPPLIER NUMBER: 19322368 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Health Care Financing Administration awards VIPs National Medicare Claims Processing System contract.
April 16, 1997
WORD COUNT: 532 LINE COUNT: 00049

COMPANY NAMES: VIPs Healthcare Information Solutions--Contracts
INDUSTRY CODES/NAMES: BUS Business, General; BUSN Any type of
business
DESCRIPTORS: United States. Health Care Financing Administration--
Contracts; Computer software industry--Contracts
PRODUCT/INDUSTRY NAMES: 7372466 (Medical Practice Software); 9124500
(Health Care Financing Admin)
SIC CODES: 7372 Prepackaged software
FILE SEGMENT: NW File 649

5/8/4 (Item 1 from file: 621)
DIALOG(R)File 621:(c) 2001 The Gale Group. All rts. reserv.
01519484 Supplier Number: 47301846 (USE FORMAT 7 FOR FULLTEXT)
Health Care Financing Administration awards VIPs National Medicare Claims Processing System contract.
April 16, 1997
Word Count: 500
PUBLISHER NAME: Business Wire
COMPANY NAMES: *VIPs Healthcare Information Solutions
EVENT NAMES: *460 (Use of materials & supplies); 610 (Contracts & orders
received)
GEOGRAPHIC NAMES: *1USA (United States)
PRODUCT NAMES: *8000150 (Health Plan Administration); 7374350

(Healthcare Industry Computer Services)
INDUSTRY NAMES: BUS (Business, General); BUSN (Any type of business)
NAICS CODES: 524114 (Direct Health and Medical Insurance Carriers); 51421
(Data Processing Services)

5/8/5 (Item 1 from file: 635)

DIALOG(R)File 635:(c) 2001 Bell & Howell. All rts. reserv.

0858969 98-19327

Managed care: A work in progress

PUBL DATE: 971000

WORD COUNT: 2,265

DATELINE: New York, NY, US, Middle Atlantic

COMPANY NAMES: Long Island Jewish Medical Center-Queens NY, Queens, NY, US,
SIC:8062,

Oxford Health Plans Inc, Norwalk, CT, US, SIC:8000;6322,

Ticker:OXHP

Vytra Healthcare, Melville, NY, US, SIC:6324,

CLASSIFICATION CODES: 8210 (Life & health insurance); 4310 (Regulation)

DESCRIPTORS: Health insurance; Managed care; State regulation;

Reimbursement; Insurance claims

SPECIAL FEATURE: Chart

?

Art Lehrer, senior VP, 410...

PRODUCT NAMES: 8000150 (Health Plan Administration); 7374350
(Healthcare Industry Computer Services)

NAICS CODES: 524114 (Direct Health and Medical Insurance Carriers);
51421 (Data Processing Services)

5/K/2 (Item 1 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB
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11588673 SUPPLIER NUMBER: 55804670 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Managed care: a work in progress. (Long Island, New York)

Goldberg, Carol

LI Business News, 42, 27(2)

Oct 20, 1997

ISSN: 0894-4806 LANGUAGE: English RECORD TYPE: Fulltext; Abstract

WORD COUNT: 2451 LINE COUNT: 00216

...ABSTRACT: the state of New York are adapting to the specific requirements of a cost-efficient health care delivery system. Insurers are making changes to their products in view of the criticisms...

...informing the public regarding the positive changes by establishing web sites and providing 24-hr health information hotlines answered by registered nurses.

TEXT:

Managed care, the insurance world's master effort to sculpt a cost-efficient health care delivery system, is evolving to meet the needs of providers and patients who would...

...insurers are re-evaluating and refining their products. From launching websites and instituting 24-hour health information hotlines manned by registered nurses, to introducing new products that practically obliterate some of managed care's original dogma, insurance companies are reaching out in order to grow.

No More Claims Games

After ducking verbal blows for not making timely payments to doctors, hospitals and patients...

...knowledge that by law insurers will be fined up to \$500 a day for each claim not paid within 45 days (up to \$10,000 per company, expandable to \$50,000 for persistent violators).

Oxford Health Plans (Norwalk CT), considered one of the most egregious offenders, blamed a computer upgrade for...

...state attorney general's office in July to pay nine percent interest on undisputed ("clean") claims unpaid after 30 days, retroactive to Apr 1, 1996. "To prevent financial hardship for physicians...

...of over \$271 million since the beginning of the year to cover the backlog of claims," says CEO William Sullivan.

Meanwhile, Vytra Healthcare (Melville) initiated an electronic claims-paying system a year ago, and current utilization is at approximately 30%, according to Howard...

...and payment," he says. "We are also testing the feasibility of secure interactivity on the Internet to further streamline the process."

Electronic transfer of claims among departments facilitated by a high-tech imaging system which allows technicians to instantly file most claims once they are received into the computer system is also a fact of life at Physicians Health Services (PHS, Shelton CT). MDNY (Melville) is also in the process of implementing electronic claim submission and optical scanning of paper claims. "Both of these processes will include automated loading of claim data into the system and auto - adjudication

t s5/medium,k/1-5

5/K/1 (Item 1 from file: 16)

DIALOG(R)File 16:Gale Group PROMT(R)
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04969920 Supplier Number: 47301846 (USE FORMAT 7 FOR FULLTEXT)
Health Care Financing Administration awards VIPS National Medicare Claims Processing System contract.
Business Wire, p04161245
April 16, 1997
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 500

(USE FORMAT 7 FOR FULLTEXT)

Health Care Financing Administration awards VIPS National Medicare Claims Processing System contract.

TEXT:

TOWSON, Md.--(BUSINESS WIRE)--April 16, 1997--The Health Care Financing Administration (HCFA) has announced the award of a \$24.1 million contract to...

... Medicare Durable Medical Equipment Regional Carrier (DMERC) Standard System Consolidation contract, VIPS will provide the claims processing software that will process all of the country's 43.2 million annual Medicare Part B medical equipment claims.

"Developing advanced claims processing solutions for the Medicare program has always been a cornerstone of our corporate strategy...

...many years to come."

Morgan added, "To secure VIPS' role as a front-runner in health care claims automation and decision support technology, it is important that our products and services span the full health care market, including Medicare, Medicaid, and the private sector. We are very pleased to include ...

...and the four regional DMERCs to implement cost-cutting automation while assuring accurate and timely claims payment for 35 million Medicare beneficiaries."

Founded in 1979 to provide advanced claims processing solutions for Medicare carriers, VIPS now supports a growing number of health and managed care organizations with claims processing, anti-fraud, and decision support solutions, as well as maintaining a strong presence in... ..to combat fraud and abuse in more than 40 percent of the nation's Medicare claims and has been selected by four Medicaid programs as their decision support system to help improve the oversight and management of state-provided health care benefits, and SuperOp(TM) -- the auto - adjudication expert system, which has saved the Medicare program millions of dollars in administrative expenses over the last three years by dramatically improving productivity and the quality of decision-making in claims processing.

Other VIPS' products include MCSOURCE(TM) -- an advanced decision support product suite which provides...

...4.9 billion in revenues in 1996, provides information processing services to financial institutions, merchants, insurance companies, health care providers, government agencies, public utilities, and consumers throughout the United States, the United Kingdom...

...its agent network to more than 120 countries around the world.

Visit VIPS on the Internet at <http://www.vips.com>

CONTACT: VIPS Healthcare Information Solutions

of claims," says spokeswoman Danielle Curti.
Who's Insuring Long Island?

Company	Membership(*) (Nassau/Suffolk)
Aetna/US Healthcare	282,000
Cigna Healthcare	120,000
Empire Blue Cross & Blue Shield	616,861
Health Ins Plan of Greater New York (HIP)	160,000
Independent Health	5,871
MagnaCare	64,074
MDNY	33,408
NYLCare	33,000
Oxford Health Plans	400,000
Physicians Health Services (PHS)	50,000
Prudential Health Care	(unavailable)
United HealthCare	108,300
Vytra Healthcare	215,000

* Number of enrollees provided by the insurers.

Cigna Healthcare (New York City) turns 85% of undisputed claims around within ten days according to Kurt Weimer, tri-state general manager. Improved, image-technology claims equipment is being "prototyped and tested" at one of the company's 20 claim centers around the nation, he says. United Healthcare (New York City) reports a record of paying 90% of clean claims within ten days according to spokeswoman Barbara Willis. And Independent Health, which has also instituted electronic submissions, pays claims within 30 days unless "the obligation to pay is questionable." But providers and subscribers are notified immediately if a claim is being disputed.

According to the national Blue Cross and Blue Shield Assn, Empire is one the top ten Blues plans in the country for claims processing time, telephone accessibility and inquiry response time. As of 1996, average processing time for a clean claim is 4.6 days. Nevertheless, the company has chartered a project team that is in...

...PCP), but its HMOs still use the gatekeeper system for treatment and referral. Similarly, Independent Health's point-of-service (POS) product does not require a PCP referral for out-of...

...open access" product.

After finding that specialty-controlled care accounts for about 75% of all health care spending, Oxford has initiated the most aggressively open system of access to specialists with...

...plan returns clinical control of specialty care to specialty teams - groups comprised of all necessary health providers to best deal with a member's particular condition or illness. Physician teams are...in-network provider without a PCP referral. An added benefit of this product is its health risk advisory program in which network providers in partnership with leading specialists medically manage patients...

...and United have included access to chiropractic care for some time. Others, such as Independent Health, PHS and Empire, are in the process of designing a benefit package to comply with...

...deemed medically necessary). But this year, Oxford went a giant step further, becoming the first health plan in the nation to offer its members a broad alternative medicine program.

Now, in...

...as a set of golf clubs or a day at the spa. Last year, Independent Health began offering its "Baby Start" program providing free education and counseling to expectant mothers to...

...appeal process in our member materials, outlined in a step-by-step way. And Independent Health states, "Many of the time frames and appeals procedures codified by the Managed Care Act were based on Independent Health's long established policies. In addition, going beyond legislative requirements, we recently upgraded our process..."

...but it is also argued that many of yesterday's experiments are today's standards. Insurance policies typically have a standard exclusion for experimental treatment, forcing patients to decide between forgoing...of treatment) and it must be at least as beneficial as any established alternatives."

Independent Health reports that "experimental or investigational treatments are clinically unproven therapies. Many are not only ineffective ...

...have received approval from the Food and Drug Administration and/or the National Institute of Health Technology Assessment are covered."

"United HealthCare covers scientifically proven treatments. However, in cases involving life..."

...DESCRIPTORS: Health insurance industry
PRODUCT/INDUSTRY NAMES: 6322000 (Health Insurance)
NAICS CODES: 524114 Direct Health and Medical Insurance Carriers

5/K/3 (Item 2 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB
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09430793 SUPPLIER NUMBER: 19322368 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Health Care Financing Administration awards VIPS National Medicare Claims Processing System contract.
Business Wire, p4161245
April 16, 1997
LANGUAGE: English RECORD TYPE: Fulltext
WORD COUNT: 532 LINE COUNT: 00049

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TEXT:

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decision support solutions, as well as maintaining a strong presence in...
...to combat fraud and abuse in more than 40 percent of the na

Setup

claimsnet.com

Account Setup:
The *Account Setup* option is used to enter, update and review account information.

Client Services:
The *Client Services* option is used to view and update services. Upon selecting this option, both services for which the client is currently enrolled and other available services are displayed.

Processing Profile:
The *Processing Profile* option is used to select the claims processing mode. After selecting this option, the client may then choose to process claims via the Interactive Mode or Batch Mode.

- **Interactive mode** allows users to match unmatched payors prior to processing the claims within the batch.
- **Batch mode** allows users to process claims that contain matched payors and reject the unmatched.

Provider:
The *Provider* option displays information pertaining to the provider (i.e., the entity that will be reimbursed by the Payor).

Payor Matching:
Use this option to match and unmatch your Payors.

- **Unmatched Payors**
Use this option to match your unmatched Payors.

The Setup Tab allows a user to display, update or review account information. From this tab, a user may also view subscribed services, sign up for additional services, select a processing profile and enter or update Provider, Payor, Physician, and Facility information.

← [prev](#)

Setup

[next](#) →

4

Account Setup

The screenshot shows a web browser window with the URL http://www.claimsnet.com/public/pages/demo/public/servicesnow/account_setup.asp. The page title is "Account Setup". On the left is a navigation menu with the following items: "Processing Center", "Message Center", "Help/Info", "Setup", and "Partners". The "Setup" menu is expanded, showing sub-items: "Account Setup", "Client Services", "Processing Profile", "Provider", "Payer Matching", "Unmatched Payers", "Matched Payers", "Payer Licenses", "Physician", "Physician Licenses", and "Facility". The "Account Setup" sub-item is selected. The main content area displays the "Account Setup" form. The form contains the following fields and buttons:

- AccountID: 4541
- Name: CLAIMSNET.COM GENERAL PRACTICE
- User Name: 4541
- Password: [masked]
- Verify Password: [masked]
- Buttons: "Update Account Now" and "Additional Enrollments"

At the bottom of the page, there is a copyright notice: "© 2001, Claimsnet.com All Rights Reserved".

The Account Setup screen displays the (Provider) System Setup. From this screen, the user may update the account information. The Additional Enrollments button is available for Billing Services, Group Practices, or Single Clients, and is used to add additional Providers to the current account. Solo or individual account setups will register under a new account.

← [prev](#)

Account Setup

[next](#) →

5

Client Information

The screenshot shows a web browser window with the address bar displaying the URL. The page title is "Client Information". On the left is a navigation menu with links: Account Setup, Client Services, Processing Profile, Provider, Payer Matching, Unmatched Payers, Matched Payers, Payer Licenses, Physician, Physician Licenses, Facility, Setup, and Partners. The main content area has the heading "Client Information" and a paragraph: "To begin using Claimsnet.com's services, we need some information about your practice. * indicates required field." Below this is a "Note" about enrolling only one provider/Tax ID # at a time. The form fields are: Practice Name, Address (line 1), Address (line 2), City, State, Zip, Contact Name, Phone Number, Fax Number, and Email Address. There is a checkbox for "Single Provider Organization (Single or Group practice billing under one ID)". At the bottom right are "Back" and "Next" buttons.

claimsnet.com

Account Setup

Client Services

Processing Profile

Provider

Payer Matching

Unmatched Payers

Matched Payers

Payer Licenses

Physician

Physician Licenses

Facility

Setup

Partners

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Client Information

To begin using Claimsnet.com's services, we need some information about your practice. * indicates required field.

Note: Please only enroll one provider/Tax ID # at this time. The enrollment of additional providers/Tax ID #'s can be done through your personal secure website once you have been given a username and password.

* Practice Name:

* Address (line 1):

Address (line 2):

* City, State, Zip:

* Contact Name:

* Phone Number:

Fax Number:

* Email Address:

☐ Single Provider Organization
(Single or Group practice billing under one ID)

The Client Information screen asks for basic information about the client's practice.

← [prev](#)

Client Information

[next](#) →

6

Products

claimsnet.com

Account Setup

Client Services

Processing Profile

Provider

Payer Matching

Unmatched Payers

Matched Payers

Payer Licenses

Physician

Physician Licenses

Facility

Level Two Monthly Provider Subscription Fee \$100

Unlimited Participating Claims

Printed Claims \$0.45 / Claim
(includes postage and handling)
**Please see the payer list for commercial and non-commercial payors.

Click to register ☒ Statements.now

Statements.now offers Statement Processing at a fraction of the cost of a stamp and offers key features and benefits.

Patient Statements \$0.49 / First Page
(Includes Postage and Return Envelope) \$0.20 / Additional Page

Click to register ☐ Eligibility & Referrals.now

Eligibility & Referrals.now is used to verify a patient's eligibility and benefit coverage on line. In some cases, the provider can even determine out-of-pocket requirements and how much of the deductible remains to be paid.

Monthly Subscription - unlimited commercial inquiries \$30.00

Non-Commercial Eligibility \$0.25 / Inquiry

Support

30 days free phone support from date of completed setup

Telephone Support \$60.00 / Incident

Re-Mapping Fee \$100.00

© Back

The Products screen allows the user to view a list of services to which the user has subscribed. From the Client Services screen, a user may also register for any additional Claimsnet.com services.

← [prev](#)

Products

[next](#) →

7

Provider Information

claimsnet.com

Provider Information

To begin using Claims.now, we need some additional information. * indicates required field.

Note: If Provider Type is *INDIVIDUAL* or *SOLO PRACTICE*, then you are required to enter the Provider's first and last name.

* Provider Type:

Provider Last Name:

Provider First Name:

Provider Middle Initial:

* How is Payment Received: ☒ Individual Provider Receives Payment
☐ Group/Clinic Receives Payment

* Tax ID:

* Tax ID Type: ☒ Social Security Number
☐ Employer Identification Number

Upin/Usin:

* Estimated Monthly Claim Volume:

* Practice Type: ☒ Professional (HCFA1500)
☐ Dental

Navigation: [prev](#) [next](#)

The Provider Information screen contains information about the Provider. Certain information can be entered or updated from this screen.

[← prev](#)

Provider Information

[next →](#)

8

Creating your Test Claim File

claimsnet.com

Creating Your Test Claim File

1. There are several ways to prepare your claims for your test claim file. Below is our suggested method to create a clean test file.

- Review the claim file requirements listed below
- Locate claims that will meet the requirements
- Select previously submitted claim files that meet the basic claim file requirements
- Run batch
- Zip claim file

2. Basic claim file requirements:

- Claim files must be zipped before they are sent. This prevents possible data corruption. The zipped file should be named using your provider name (example lesnau.zip)
- The batch file must contain a minimum of 50 claims to a maximum of 100 claims. Larger files will not be accepted.
- Claims must contain a mixture of the payors.
- The following HCFA Fields must have examples for each option for field.

- 6 - Pt. Relationship to insured
- 8 - Patient Status
- 10 - Patient condition related to Employment
- 11D - Other Insurance Indicator
- 20 - Outside Lab Charges

- All fields utilized must be represented in the claim file. The Analysts can only map what is represented.
- Test file must contain current claims, claims generated within the last 90 days.

The Create your Test Claim File screen provides detailed instructions about creating a claim file. The user may print this screen to easily access the instructions while creating the claim file.

← [prev](#)

Creating your Test Claim File

[next](#) →

(9)

Provider

claimsnet.com

Select Provider: 5033 | CLAIMSNET.COM HCFA

Client Information

Practice Name: CLAIMSNET.COM HCFA

Contact: DR MCTEST

Address (line 1): 12801 NORTH CENTRAL EXPRE

Address (line 2): SUITE 1515

City, State, ZIP: DALLAS TX 75243

Phone: 9725551111

Fax:

Provider Information

Provider Type: CLINIC

Provider Last Name:

Provider First Name:

Provider Middle Initial: ☐

Payment Received by: Individual Provider

Tax ID: 123456789

From this screen, a user may update information about a specific Provider. The Provider screen asks for information about the client and the provider. Additional information may be updated for HCFA1500 or Dental clients depending on the provider type.

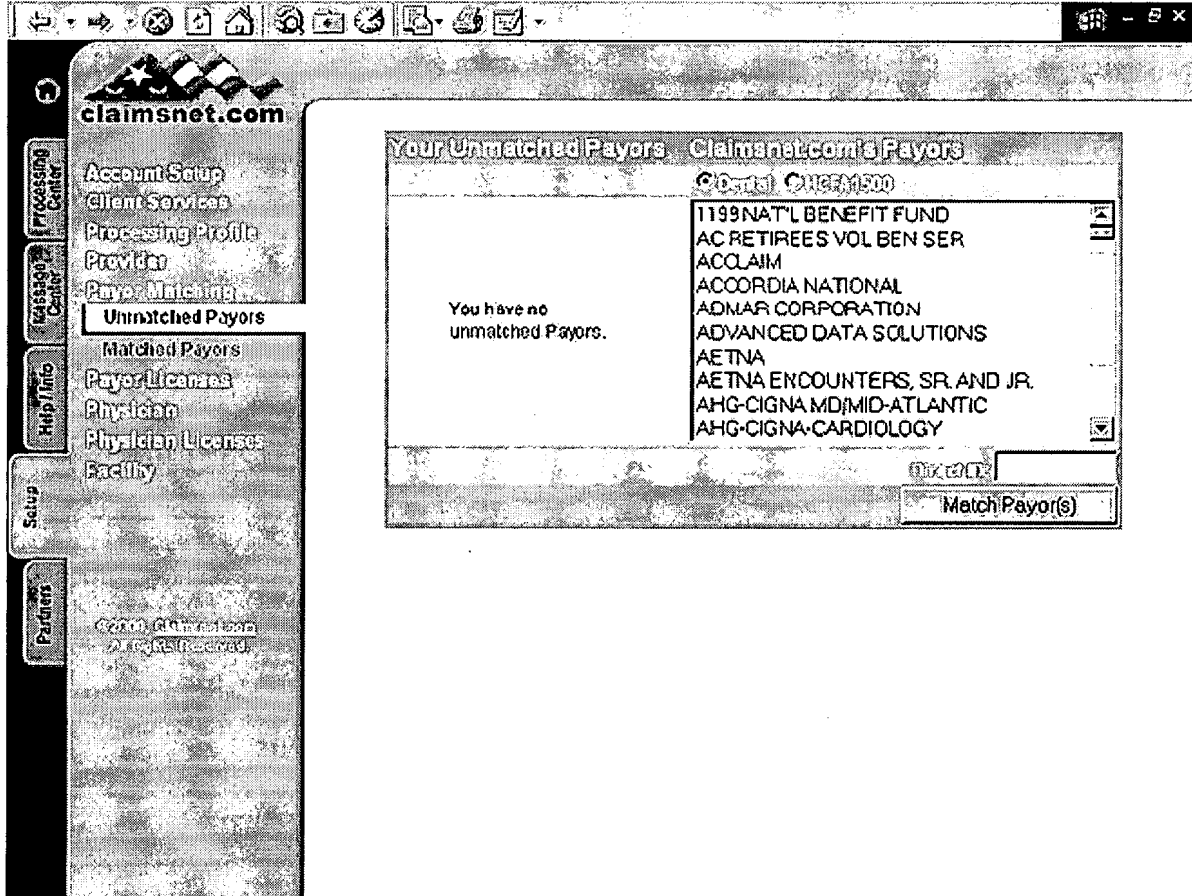
← [prev](#)

Provider

[next](#) →

10

Unmatched Payors



The Unmatched Payors screen allows the user to match payors listed in the tables.

← [prev](#)

Unmatched Payors

[next](#) →

11

Matched Payors

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Account Setup
Client Services
Processing Profile
Provider
Payor Matching
Unmatched Payors
Matched Payors
Payor Licenses
Physician
Physician Licenses
Facility

Processing Center
Message Center
Help Info
Setup
Partners

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Matched Payors		Unmatch Checked Payors
Your Payor Name	Claimsnet.com Payor Name	Direct ID
<input type="checkbox"/> AETNA PA HEALTH PLAN	AETNA	8400
<input type="checkbox"/> AETNA U.S. HEALTHCARE HEALTH PLAN	EXPRESS/NEIC PRINTS & MAILS	1360
<input type="checkbox"/> AETNA U.S. HEALTH CARE	US HEALTHCARE	8470UH
<input type="checkbox"/> AETNA U.S. HEALTHCARE	US HEALTHCARE	8470UH
<input type="checkbox"/> AETNA U.S. HEALTHCARE HEALTH PLAN	US HEALTHCARE	8470UH
<input type="checkbox"/> AETNA USHEALTHCARE	US HEALTHCARE	8470UH
<input type="checkbox"/> PRUCARE	PRUCARE	2429
<input type="checkbox"/> PRUCARE HEALTH CARE	EXPRESS/NEIC PRINTS & MAILS	1360

Unmatch Checked Payors

The Matched Payors screen allows the user to unmatch payors listed in the table.

← [prev](#)

Matched Payors

[next](#) →